

Owner Occupied Rehabilitation Program Pre-Application

Return completed application: City of Rockford-Community & Economic Development Dept. – 2nd Floor; 425 East State Street; Rockford, IL; 61104; 888-394-7293 (fax)



Do you live in the home that you want to rehabilitate? [] Yes [] No			
Is it a single family detached home? [] Yes [] No			
Do you own the home? Contract buyers are not considered home owners. [] Yes [] No			
Only continue filling out this application if you answered YES to ALL of the previous			
questions. If you answered NO to any of them, this program will not be able to assist you.			
Contact the City of Rockford Human Services at 815-987-5711, extension 5178 for			
Weatherization and to see if you qualify for their programs.			
Is there anyone living in the home that is physically disabled? [] Yes [] No			
Is there anyone 62 years of age or older living in the home? [] Yes [] No			
Are children (age 6 and under) regularly occupying the home? [] Yes [] No			
APPLICANT:			
CO-APPLICANT:			
PROPERTY ADDRESS & ZIP CODE:			
MAILING ADDRESS & ZIP CODE (if different from Property Address):			
the many construction of the construction of t			
PHONE NUMBER			
(including area code): HOME/CELL: WORK:			
HOW DID YOU HEAR ABOUT THE REHAB PROGRAM?			
[] Contacted Office [] Internet [] Through the Mail			
[] Neighbor/Friend [] Event/Seminar [] Referral from another agency			
[] Yes			
Have you received assistance through a City of Rockford program in the past? [] No			
If YES, which program? When?			
How many people are living in the property?			
List the income of all the people (age 18 & older) living in the property:			

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Applicant		
[] I do not wish to furnish this information.		
Ethnicity: [] Hispanic or Latino	[] Not Hispanic or Latino	
Race:		
[] Amer. Indian/Alaska Native	[] Black/African American	
[] Amer. Indian/Alaskan Native & Black/African American	[] Black/African American & White	
Amer. Indian/Alaskan Native & White	[] Native Hawaiian/Other Pacific Islander	
Asian	Other Multi-Racial	
Asian/White	[]White	
Sex: [] Female [] Male		
Co-Applicant		
l do not wish to furnish this information.		
Ethnicity: [] Hispanic or Latino	[] Not Hispanic or Latino	
L J	[] Not Hispanic or Latino	
Ethnicity: [] Hispanic or Latino	[] Not Hispanic or Latino [] Black/African American	
Ethnicity: [] Hispanic or Latino Race:	•	
Ethnicity: [] Hispanic or Latino Race: [] Amer. Indian/Alaska Native	[] Black/African American	
Ethnicity: [] Hispanic or Latino Race: [] Amer. Indian/Alaska Native [] Amer. Indian/Alaskan Native & Black/African American	[] Black/African American [] Black/African American & White	
Ethnicity: [] Hispanic or Latino Race: [] Amer. Indian/Alaska Native [] Amer. Indian/Alaskan Native & Black/African American [] Amer. Indian/Alaskan Native & White	[] Black/African American [] Black/African American & White [] Native Hawaiian/Other Pacific Islander	
Ethnicity: [] Hispanic or Latino Race: [] Amer. Indian/Alaska Native [] Amer. Indian/Alaskan Native & Black/African American [] Amer. Indian/Alaskan Native & White [] Asian	[] Black/African American [] Black/African American & White [] Native Hawaiian/Other Pacific Islander [] Other Multi-Racial	

I/we, the undersigned, certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s). Any intentional or negligent misrepresentation of information contained in this pre-application will result in disqualification from the program. I/we acknowledge and agree that the loan being requested by this pre-application may be secured by a mortgage on the property listed above. I/we give the above information for the purpose of obtaining credit and authorize verification of any information contained in this pre-application. I/we understand the information I/we have provided on this pre-application may be disseminated to other Departments within the City of Rockford, to the Winnebago County Health Department, to the Northwestern Illinois Area Agency on Aging, and/or to RAMP to determine my/our possible eligibility for participation in other programs.

X	X
Signature & Date	Signature & Date